FORM D

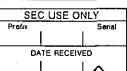
UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

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OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated average burden						
hours per respons	se 16.00					



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Telephone Number (Including Area Code)
646) 472-5852
Telephone Number (Including Area Code)
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FINANCIAL
de
Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
A notice is deemed filed with the U.S. Securities low or, if received at that address after the date of
49.
signed. Any copies not manually signed must b
t the name of the issuer and offering, any change ed in Parts A and B. Part E and the Appendix nee
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les of securities in those states that have adopte ecurities Administrator in each state where sale the exemption, a fee in the proper amount sha The Appendix to the notice constitutes a part of

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filing of a federal notice.

13是明治的社会		A. BASIC ID	ENTIFICATION DATA	د در په د اې د د وسوځ د ه ر سه په هم د د د د د وسولون و د واسولون	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2. Enter the information re	quested for the fol	llowing:			
Each promoter of t	he issuer, if the iss	suer has been organized v	vithin the past five years;		
'Each beneficial ow	ner having the pow	er to vote or dispose, or di	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
		of partnership issuers.	, -		•
					
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or
Full Name (Last name first, i Houri, Cyril	f individual)				
Business or Residence Addre 226 East 54th St., Suite			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		,		
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				•
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		•		•
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		7.5 %
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or . Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
	(Use bla	ink sheet, or copy and use	additional copies of this s	sheet, as necessary)

A STATE OF THE STA			inanggara Calaba	, ⇒B.∍IÌ	VFORMATI	ON ABOU	T OFFERI	NG L			THE W	
! Has the	issuer sold	Lordoes ti	he issner ir	itend to se	il, to non-a	ceredited in	vestors in	this offeri	no?*		Yes	No 💌
	133461 3610	1, 0, 4005 1			Appendix,						L.i	
2. What is	the minim	um investn	nent that w	ill be acce	pted from a	ny individ	ual?		·		\$_200	,000.00
2 D 4	3. Does the offering permit joint ownership of a single unit?								-	Yes	No	
					ho has bee						K	
commis	ssion or sim	ilar remune	ration for s	olicitation	of purchase	ers in conne	ction with	sales of sec	urities in tl	ne offering.		
or state	s. list the na	ame of the b	roker or de	aler. If mo	ent of a brok ore than five on for that	(5) persor	is to be list	ed are assoc				
Full Name (Not applica		first, if ind	ividual)	- ,								
Business or	Residence	Address (N	lumber and	l Street, Ci	ty, State, Z	ip Code)						
Name of As	sociated Br	oker or De	aler	 .								•
										•		
States in W	-			-		-						S4-4
(Cneck	All States	s or check	ingividuai ,	States)	••••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		***************************************	☐ All	States
AL TL	AK IN	AZ TA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	· ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name	first, if ind	ividual)		 		•					
Business or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						•
			•	, s	<u> </u>		· ; · - · · · -					
Name of As	sociated B	roker or De	aler		•		•		,	,		
States in W												
(Check	"All State	s" or check	individual	States)				•••••	•••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□• A1	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	NE NE	NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO . PA
RI	SC	\$D	TN	TX	UT.	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name	first, if ind	ividual)					<u> </u>			•	····
D .				15			·					
Business of	r Kesidence	: Address (I	Number an	d Street, C	lity, State, 2	Zip Code)	•					
Name of As	sociated B	roker or De	ealer			•				.*		
States in W	hich Persoi	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	•			*		
(Check	"All State	s" or check	individual	States)			***************************************				Al	l States
AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	IN NE	IA NV	KS]	KY NJ	LA NM	ME NY	MD NC	MA.	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT .	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k d		A A land do
	Type of Security	Aggregate Offering Price		Amount Already Sold .
	Debt			\$
	Equity	. <u>\$_200,009.60</u>		\$_200,009.60
	Common D Preferred			
	Convertible Securities (including warrants)	. \$	_	\$
	Partnership Interests	. \$	_	<u>\$</u>
	Other (Specify)	. \$		\$
	Total	. \$_200,009.60	<u>. </u>	\$_200,009.60
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors		Aggregate Dollar Amount of Purchases \$ 200,009.60
	Non-accredited Investors			
	Total (for filings under Rule 504 only)			\$ <u>.</u>
	Answer also in Appendix, Column 4, if filing under ULOE.	·	_	J
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	c		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504	·	_	\$
	Total		_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	r.		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		7	\$_7,500.00
	Accounting Fees		\Box	\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)		$\overline{\sqcap}$	\$
	Other Expenses (identify)		\Box	\$
	Total		abla	\$_7,500.00
	·		_	

	C. OFFERING PRICE, NUM	ABER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjus	sted gross	192,509.60 \$
	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Pa	my purpose is not known, furnish an esti- of the payments listed must equal the adjus	mate and	
		• •	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	s
	Purchase of real estate			
	Purchase, rental or leasing and installation of mand equipment	achinery		
	Construction or leasing of plant buildings and fa	acilities	S	s
	Acquisition of other businesses (including the violifering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another		□\$ ·
	Repayment of indebtedness			
	Working capital			
	Other (specify):			
		•		
		<u> </u>	s	_ 🗆 \$
	Column Totals			[] \$ 192,509.6
	Total Payments Listed (column totals added)			92,509.60
	*	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-ac	urnish to the U.S. Securities and Exchang	c Commission, upon writt	
85	uer (Print or Type)	Signature	Date	
VIε	exens Technology Inc.		4/3/0)7
la	me of Signer (Print or Type)	Title of Signer Print or Type)		
	il Houri	President		

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

·	•	E. STATE SIGNATURE	
. 1.	(s any party described in 17 CFR provisions of such rule?	30.262 presently subject to any of the disqualification .Yes	No K
		See Appendix, Column 5, for state response.	
· 2.	The undersigned issuer hereby und D (17 CFR 239.500) at such time	ertakes to furnish to any state administrator of any state in which this notice is filed a no as required by state law.	itice on Form
. 3.	The undersigned issuer hereby un issuer to offerees.	dertakes to furnish to the state administrators, upon written request, information furn	nished by the
4.	limited Offering Exemption (ULC	that the issuer is familiar with the conditions that must be satisfied to be entitled to E) of the state in which this notice is filed and understands that the issuer claiming that establishing that these conditions have been satisfied.	the Uniform e availability
	suer has read this notification and kno uthorized person.	ws the contents to be true and has duly caused this notice to be signed on its behalf by the	: undersigned
Issuer	(Print or Type)	Signature	
Mexen	ns Technology Inc.	4/3/0+	
Name	(Print or Type)	Title (Printle Type)	
Cyril I	Houri	President	

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX											
1	Intend to non-ad investors	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No		
AL					`						
AK											
AZ											
AR		annua A de casa esta de la casa d									
CA		×	Series A - 200009 6	1	\$200,009.60						
со											
СТ											
DE			•								
DC		·									
FL									[]		
GA											
HI			_								
ID											
IL											
IN											
IA					·						
KS								·			
KY											
LA											
ME							-				
. MD											
MA						·					
MI											
MN											
MS											

APPENDIX 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price to non-accredited Type of investor and explanation of amount purchased in State waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VTVA WA WV WI

19.4	kertsi	煤炭类		THE APP	ENDIX 👍			Maria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición dela	
1	2 3 Type of security and aggregate offering price investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item I)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No	(rait Contem 1)	Number of Accredited Investors	Amount	C-Item 2) Number of Non-Accredited Investors	Amount	Yes	No No
WY PR									